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**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA**

ANA BIOCINI,
A 91 182 333, an individual) Case No.
Petitioner,)
vs.)
MICHAEL MUKASEY, in his official)
capacity as Attorney General of the United)
States; MICHAEL CHERTOFF, in his official)
capacity as Secretary of the Department of)
Homeland Security; NANCY ALCANTAR in)
her official capacity as San Francisco Field)
Office Direction of U.S. Immigration and)
Customs Enforcement, Detention and)
Removal; DONNY YOUNGBLOOD, in his)
official capacity as Sheriff of Kern County)
Sheriff's Department and Lerdo Detention)
Facility,)
Respondent(s))
)

TABLE OF EXHIBITS

- A. Ms. Ana Biocini's Declaration.
- B. Immigration Judge's Denial of Bond
- C. Board of Immigration Appeals Affirmance of Immigration Judge's Denial of Bond
- D. PACER
- E. Kern Medical County - Emergency Room Medical Record (May 29, 2007)
- F. Surgery Authorization Request (July 26, 2007) and Immigration and Customs Enforcement's Denial of that Request (July 31, 2007)
- G. Surgery Authorization Request (August 30, 2007) and Immigration and Customs Enforcement's Denial of that Request (September 18, 2007)
- H. Lerdo Detention Facility's Refusal to Remove Heavy Shackles
- I. Dr. Korn's Affidavit and Attached Medical Records
- J. Notice of Custody Review (September 15, 2006)
- K. Immigration and Customs Enforcement's Decision to Continue Detention (December 07, 2007)
- L. Administrative Record

Exhibit

A

1 Declaration of Ana Biocini

2 I, I, ANA BEATRIZ BIOCINI, declare under the penalty of perjury that the following is
3 true and correct to the best of my knowledge. My name is Ana Beatriz Biocini. I am currently
4 under the custody of the U.S. Immigration and Customs Enforcement ("ICE") and detained at the
5 Bakersfield "Lerdo" Detention Facility, located in Bakersfield, California. I have been in the
6 continuous custody of ICE since March 2, 2006.

7 2. Before Bakersfield, I was detained at Yuba County Jail in Marysville, California, from
8 March 2, 2006 until June 6, 2006. In total, I have been in ICE custody for over 19 months.

9 3. Around March 2006 in Yuba County Jail, I began to experience discomfort in my
10 bowels. It became increasingly difficult to pass my stool. I would become severely constipated
11 with every attempt. At one point, I was constipated for three days. The only medical advice that
12 I received during this period was for me to consistently take Metamucil.

13 4. The Metamucil, however, was only minimally helpful. After about one month of
14 taking it, the pain that I was experiencing did not subside. One day, the pain returned and was so
15 vicious that I had to scream from the bathroom for the staff to take me to the infirmary. Once I
16 was there, the only medical care I received was some Milk of Magnesia, which only temporarily
17 helped me to pass my stool. Thereafter, the only medical treatment I received for recovery was
18 Metamucil and some laxatives. I began to suspect that my colon needed to be examined. I
19 requested a colon test; however, it was denied due to cost considerations.

20 5. On June 6, 2006, I was transferred to Bakersfield "Lerdo" Detention Facility. My pain
21 and severe constipation continued to worsen. In October 2006, I began to see a small "ball"
22 coming out of my body when I used the restroom. After this discovery, I reported this to a
23 doctor at the Detention Center; however, the doctor insisted it was hemorrhoids without
24 conducting a physical examination. After the visit, I requested another colon test to examine the
25 protruding ball. However, this colon test was also denied because it was not included under
26 ICE's budget. They continued to only provide medication for constipation.

27 6. On April 28, 2007, I was scheduled another visit. On May 3, 2007, I saw the doctor
28 here in the detention facility. In the days prior to the visit, however, I became very sick.

1 Unfortunately during the visit, the doctor again told me that my bowel discomfort is caused
2 solely by my mental stress and anxiety, and that it is not a serious medical problem. In fact, he
3 called it a "functional" illness, and decided that I merely had "irritable bowel syndrome" and
4 hemorrhoids again without performing an actual, physical exam on me. I did not think this
5 would be right, but there was nothing I could do about it.

6 7. On the evening of May 29, 2007, I was again having difficulties going to the restroom
7 and began to bleed severely. At about 7 PM, after trying many times to go to the bathroom that
8 evening, the "ball" came out of my body as I was making an effort to pass my stool. I tried hard
9 to place it back into my body but I was not able to, because the "ball" had grown in size and
10 became very large. I tried to call for help on the intercom, but no one responded. I finally got a
11 nurse to help and examine me after about an hour. After the nurse saw my conditions, she
12 decided that she could not help me and I needed a doctor immediately. The nurse then had me
13 taken to the Emergency Room of Kern Medical Center, located outside of the detention facility,
14 for emergency care.

15 8. After I arrived at the Kern County Medical Center, I informed the doctor and nurses of
16 the fact that I have experienced this protruding "ball" since October 2006, and that no one has
17 properly attended to my concerns. The medical staff informed me that this was part of my
18 rectum and intestine coming out of my body. They were very concerned, and they expressed
19 shock that I have never been treated for this problem. Around midnight, the doctor successfully
20 placed my displaced intestine back into my body and alluded to a possible surgery. It was not
21 until 2:30AM the following morning was I able to return to the detention center. During this
22 whole time, Ms. Bravo of the Bakersfield Detention Center assisted me, and she can attest to the
23 veracity of my statements.

24 9. On June 4, 2007, I saw the doctor at the Detention Center again. Nevertheless, he
25 simply prescribed a discrete diet of soft foods and Metamucil.

26 10. On June 7, 2007, I met with the doctor at the Kern Medical Center again and
27 reiterated that I have been bleeding from my rectum since May 2007. The doctor suggested that
28

1 I might have colon cancer, or in the alternative "rectal prolapse." Either way, I would need a
2 colon test and probably surgery.

3 11. Thereafter, I was scheduled and re-scheduled for a colon exam 4 times: June 11, June
4 15, June 22, and finally, on June 29 I got my colon exam. Fortunately, it was determined that I
5 do not have colon cancer. However, the doctor also did not believe my condition warranted a
6 colon operation.

7 12. On July 26, 2007, I visited the Kern Medical Center once again for my follow-up
8 exam after the colon test. This time, Dr. Nicole Thomas, examined and confirmed that I do
9 indeed have rectal prolapse. She also informed me that my organs have been out of placement
10 due to my prolonged illness, therefore surgery would be necessary for my organs to be restored
11 to their correct positions. ICE summarily denied Dr. Thomas' recommendation for surgery.

12 13. Since the night of my emergency visit to the Kern Medical Center, the fact that a
13 consistently growing "ball" would exit my body when I use the restroom has become a complete
14 nightmare: it happens every single time I have bowel movements. Consequently on August 3,
15 2007, I visited the doctor inside the detention facility again. This time he actually examined me,
16 agreed that I did have a big "ball" protruding, but he insisted once again that I do not need
17 surgery. In his own words, he told me that I "could handle it, it isn't that bad." When I insisted
18 that his medical opinion contradicted that of Dr. Thomas's from the Kern Medical Center, he
19 rudely asked me to leave his office.

20 14. As time continued, my condition was quickly deteriorating and clearly affecting other
21 organs of my body. I began consistently bleeding from my vagina and another ball started to
22 protrude from my vagina. Therefore on August 29, 2007, I visited a specialist at Kern Medical
23 Center. He not only confirmed my diagnosis of rectus prolapse, but also determined that I have
24 vaginal prolapse. The doctor stated that I have a propensity to these conditions due to the lack of
25 treatment, lack of early detection, and lack of surgery for the rectus prolapse.

26 15. On August 30, Dr. Lopez, a surgeon, told me that not only do I have vagina prolapse,
27 but my uterus is also displaced. They speculated that my bladder and kidneys have also become
28 affected. At that time, Dr. Lopez recommended that I have surgery, where my uterus and ovaries

1 are completely removed, due to the severity of the condition to prevent further damage to other
2 organs.

3 16. On September 11, 2007, at Kern Medical County, Dr. Hoang, a gynecologist surgeon,
4 scheduled the surgery for September 29, 2007 and discussed the necessary procedures. Dr.
5 Hoang stated that the surgery had been approved. Dr. Hoang stated that in the event I do not
6 wish to have my uterus and ovaries entirely removed, I can opt for a difference procedure
7 whereby the uterus and ovaries would be pulled up from a stomach incision and holding the
8 organs together with stitches. I chose the less anatomically sacrificial procedure.

9 17. On October 2, 2007, after a medical request to question the delayed surgery, I was
10 told that INS refused to pay for the surgery; and therefore, it was cancelled. The nurse told me
11 that it was denied on September 21, 2007.

12 18. On October 10, 2007, I saw a doctor at the Detention Center and asked him why the
13 surgery was cancelled. He stated that he “no longer wanted to be my doctor” and to direct any
14 questions to the nurses department. The same day, I asked Nurse Teresa for a copy of the letter
15 detailing the reasons for the denied surgery. The treatment was denied “per consult with DIHS,
16 [Division of Immigration Health Services,] staff physician” on September 18, 2007.

17 19. Here at the Bakersfield Detention Center, I cannot adhere to the soft diet that has been
18 prescribed to me by my doctor at the Kern Medical Center, which leads me to avoid many meals
19 completely because I do not want to risk my health any further. Similarly, I cannot get the
20 necessary toilet products to clean myself. The doctor at the Kern Medical Center recommends
21 that I keep my body as clean as possible to reduce the chances of infection. But, simply
22 acquiring enough toilet paper has become very difficult.

23 20. For more than 19 months now, I have been sitting in ICE detention with my case
24 pending on appeal. My son, Peter Biocini, has been struggling to perform the rudimentary
25 assignments in school while battling clinical depression and anxiety disorder. According to the
26 diagnosing psychologist Dr. Chase Spangler, my son has been distraught and disoriented ever
27 since my detention, and not knowing at all when I will be released again has contributed
28 significantly to the exacerbation of his conditions.

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3 **Executed in Bakersfield, California, on** 1/20/2008.
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7 **Ana Biocini**
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Exhibit

B

**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
SAN FRANCISCO, CALIFORNIA**

Matter of:

Ana Beatriz BIONCI,

Respondent

) Date: April 25, 2007

) File Number **A 91-182-333**

) In Bond Proceedings

)

Charges **INA § 237(a)(2)(A)(iii) – Alien Convicted of an Aggravated Felony**

Application: **Deferral of Removal Under the Convention Against Torture**

On Behalf of the Respondent:

Holly Cooper, Esq.
Immigration Law Clinic
University of Davis, School of Law
1 Shields Ave.
Davis, CA 95616-8821

On Behalf of the DHS:

Sherry Nohara
Office of the Chief Counsel
630 Sansome Street, Suite 200
San Francisco CA 94111

MEMORANDUM AND ORDER

Respondent, Ana Beatriz Bioncini, is a native and citizen of Colombia who entered the United States at Miami, Florida on or about February 11, 1981 as a nonimmigrant visitor. Her status was adjusted to that of a lawful permanent resident on May 5, 1989, pursuant to section 245 of the Immigration and Nationality Act (INA). On April 28, 2003 Respondent was convicted for violating 21 U.S.C. § 846, Conspiracy to Distribute Cocaine. The Department of Homeland Security (DHS) initiated removal proceedings against Respondent on January 28, 2005. She was charged with being removable under Section 237(a)(2)(A)(iii) of the INA as an alien convicted of an aggravated felony.

On May 16, 2005, Respondent submitted an application for asylum and withholding of removal. At a hearing on December 19, 2005, Respondent admitted the factual allegations lodged against her and conceded removability. Respondent also conceded that her federal drug conviction is an aggravated felony that renders her ineligible to apply for asylum. The court found that under *Matter of Y-L-*, 23 I&N Dec. 270 (A.G. 2002), Respondent's federal drug conviction constitutes a particularly serious crime, making her ineligible for withholding of removal pursuant to section 241(b)(3)(ii) of the INA.

The court heard testimony on Respondent's application for protection under the Convention Against Torture on December 19, 2005 and February 15, 2006. On April 13, 2006 the court denied that application and ordered Respondent removed to Columbia. That decision was affirmed by the Board of Immigration Appeals on August 31, 2006 and thereby became administratively final.

Respondent has filed a motion for bond redetermination. She states that she has filed a petition for review with the Court of Appeals for the Ninth Circuit and that the court of appeals has issued a stay of removal. She acknowledges that 8 CFR section 1241.3 directs that an alien with a final order of removal be taken into custody, and that under section 1241.4, once an order of removal is administratively final, authority to continue detention or grant release rests with DHS, not the immigration courts. She contends, however, that the removal period has not begun when a BIA final order has been appealed and the court of appeals has issued a stay. *See* 8 U.S.C. 1231 (a)(1)(B) [INA 241(a)(1)(B)].

If Respondent's argument regarding the onset of the removal period is correct, the result is that a final decision on whether the Respondent should be removed is still pending. She is therefore, given her criminal conviction, subject to mandatory detention under section 236(c)(1)(B) of the INA, as an alien convicted of an aggravated felony and convicted of an offense relating to controlled substances.

Respondent contends that continued detention under section 236 would violate her rights to due process. But an administrative court cannot adjudicate constitutional claims. *Hernandez-Rivera v. INS*, 630 F.2d 1352, 1355 (9th Cir. 1980).

ORDER: The motion for bond redetermination is **DENIED**.

Anthony S. Murry
Anthony S. Murry
Immigration Judge

Exhibit

C



U.S. Department of Justice

Executive Office for Immigration Review

Board of Immigration Appeals
Office of the Clerk

530-752-08
Holly Cooper

5107 Leesburg Pike, Suite 2000
Falls Church, Virginia 22041

Cooper, Holly S., Esquire
P.O. Box 73015
Davis, CA 95617

Office of the District Counsel/SFR
P.O. Box 26449
San Francisco, CA 94126-6449

Name: *F-BIOCINI, ANA BEATRIZ

A91-182-333

Date of this notice: 6/25/2007

Enclosed is a copy of the Board's decision and order in the above-referenced case.

Sincerely,

Donna Carr

Donna Carr
Chief Clerk

Enclosure

Panel Members:
PAULEY, ROGER

Or

U.S. Department of Justice
Executive Office for Immigration Review

Decision of the Board of Immigration Appeals

Falls Church, Virginia 22041

File: A91 182 333 - San Francisco, CA

Date:

In re: ANA BEATRIZ BLOCINI

JUN 28 2007

IN BOND PROCEEDINGS

APPEAL

ON BEHALF OF RESPONDENT: Holly S. Cooper, Esquire

ORDER

PER CURIAM. This is an appeal from an Immigration Judge's order denying the respondent's request for a change in custody status. We note, however, that the Board has completed the respondent's appeal of the removal order in a decision dated August 31, 2006. Thus, there is a final administrative order. The authority of an Immigration Judge to set bond conditions ceases at the entry of a final administrative order. See 8 C.F.R. § 1236.1(d). This Board's authority to set bond conditions on appeal from an Immigration Judge's order derives from the Immigration Judge's underlying authority to redetermine conditions of custody. Although the respondent argues that the Immigration Judge retains jurisdiction over the respondent's custody, at this time neither an Immigration Judge nor this Board has authority to set bond conditions because a final order of removal has been entered in the respondent's case. Accordingly, the instant bond appeal from the Immigration Judge's bond order is dismissed as moot.


FOR THE BOARD

On

Exhibit

D

[Print Page](#)

General Docket

US Court of Appeals for the Ninth Circuit

Court of Appeals Docket #: 06-74408
Nsuit: 0

Filed: 9/11/06

Biocini, et al v. Mukasey

Appeal from: Immigration and Naturalization Service

Case type information:

- 1) agency
- 2) review
- 3)

Lower court information:

District: 0971-3 : A91-182-333

Date Filed: 9/11/06

Date order/judgment: **/**/**

Date NOA filed: **/**/**

Fee status: paid

Prior cases:

None

Current cases:

None

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Page 1

06-74408 Biocini, et al v. Mukasey

ANA BEATRIZ BIOCINI, aka Ana
Racines Jaramillo, Ana
Jaramillo de Rivera
Petitioner

Holly S. Cooper, Esq.
FAX 530/752-0822
530/754-4833
[COR LD NTC ret]
LAW OFFICES OF HOLLY COOPER
P.O. Box 4358
Davis, CA 95617-4358

v.

MICHAEL B. MUKASEY, Attorney
General
Respondent

Ronald E. LeFevre, Chief
Counsel
[COR NTC gov]
OFFICE OF THE DISTRICT COUNSEL
Department of Homeland Security
P.O. Box 26449
San Francisco, CA 94126-6449

Edward J. Duffy, Attorney
FAX 202/616-4949
202/353-7728
[COR LD NTC gov]
John D. Williams, Esq.
FAX 202/307-0592
202/616-4854
[COR LD NTC gov]
DOJ - U.S. DEPARTMENT OF
JUSTICE
Civil Div./Office of
Immigration Lit.
P.O. Box 878, Benjamin Franklin
Station
Washington, DC 20044

Docket as of January 29, 2008 11:22 pm

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06-74408 Biocini, et al v. Mukasey

ANA BEATRIZ BIOCINI, aka Ana Racines Jaramillo, Ana
Jaramillo de Rivera

Petitioner

v.

MICHAEL B. MUKASEY, Attorney General

Respondent

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06-74408 Biocini, et al v. Mukasey

9/11/06 FILED INS Petition for REV and Motion for Stay. Docketed Cause and Entered Appearance of Counsel. Pursuant to G.O. 6.4(c)(1)(3) A TEMPORARY STAY OF REMOVAL IS IN EFFECT pending further order. The schedule is set as follows: Pursuant to G.O. 6.4(c)(1)(3), the schedule is set as follows: Cert. Admin. Record due 11/6/06 Response to motion for stay due 12/4/06 for Alberto R. Gonzales. (MCATT) [06-74408] (jd)

9/11/06 Filed Petitioner Ana Beatriz Biocini's motion to stay deportation (see schedule above) [06-74408] served on 9/8/06 [5942711]. (MCATT) [06-74408] (jd)

9/11/06 Verified that Petitioner's counsel of record has been admitted to practice in this court. [06-74408] (jd)

9/11/06 Detained: Yes [06-74408] (jd)

9/22/06 Received notification of payment of docket fee (date paid: 9/22/06) [06-74408] (wp)

10/31/06 Electronic Certified Administrative Record Filed. CD-ROMS: 1 [06-74408] (rayc)

11/6/06 Received Respondent Alberto R. Gonzales letter dated 10/30/06 re: the record has been filed [06-74408] (wp)

12/21/06 Received (late) Respondent Alberto R. Gonzales's motion to dismiss; opps to motion for stay and request to hold briefing in abeyance; served on 12/18/06. (MOATT) [06-74408] [06-74408] (dv)

12/26/06 Filed Petitioner Ana Beatriz Biocini's motion to extend time to file response to respondent's motion to dismiss and reply to opposition to motion for stay of removal. (MOATT) [06-74408] served on 12/22/06 [6049097] [06-74408] (wp)

1/3/07 Received Petitioner Ana Beatriz Biocini's addendum to petitioner's motion to extend time (MOATT) [6049097-1] served on 1/2/07 [06-74408] (wp)

1/22/07 Filed Petitioner Ana Beatriz Biocini's reply to respondent's opposition to motion for stay of removal. (MOATT) [6041214-1] served on 1/19/07 [06-74408] (wp)

1/22/07 Filed Petitioner Ana Beatriz Biocini response to respondent's motion to dismiss (MOATT) [6041214-1] served on 1/19/07 [06-74408] (wp)

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06-74408 Biocini, et al v. Mukasey

2/22/07 Filed order MOATT (A. W. TASHIMA, Sidney R. THOMAS): Pet's motion for extension of time to file a response is granted. Resp's motion to dismiss for lack of juris is denied w/o prejudice to renewing the arguments in the answering brief. The record has been filed. The op brief is due 5/29/07, ans brief 7/28/07, reply brief is due 14 days after service. [06-74408] (ca)

5/25/07 14 day oral extension by phone to file Petitioner's opening brief [06-74408]. Petitioners' brief due 6/12/07; respondents' brief due 8/13/07; the optional reply brief is due 14 days after service of the answering brief. (lb)

6/13/07 Filed original and 15 copies Petitioner Ana Beatriz Biocini opening brief (Informal: no) 56 pages served on 6/12/07 [06-74408] (wp)

7/30/07 Rcvd notice of appearance of Edward Duffy (Withdrew as counsel: attorney OIL for Alberto R. Gonzales [06-74408] (wp)

7/30/07 Filed Alberto R. Gonzales motion to extend time to file respondent's brief (promo) [06-74408] served on 7/21/07 [6248076] (wp)

8/27/07 Filed order (Deputy Clerk: cag) Respondent's motion for an ext of time to file respondent's brief is granted. The respondent's brief is due 9/27/07. The reply brief is due 14 days after service of the answering brief. [06-74408] (wp)

9/21/07 Received Ana Beatriz Biocci additional citations, served on 9/19/07 (MERITS PANEL) [06-74408] (wp)

9/25/07 Received Respondent Alberto R. Gonzales letter dated 9/24/07 re: request for mediation. (CONFATT) [06-74408] (wp)

9/28/07 Filed order CONFATT (em) Case referred to Confatt for assessment conference only. Conference to be on 10/31/07 at 11:00. By telephone (y/n): yes. The briefing schd is vacated. [06-74408] (wp)

10/26/07 Filed order CONFATT (RGA) At the request of csl for petitioner, the conference schd for 10/31/07 is reschd for assessment conference only on 11/8/07 at 11:00. By telephone (y/n): yes. [06-74408] (wp)

11/13/07 Filed order CONFATT (RGA) The court will initiate a further assessment conference by telephone on 12/4/07, at 10:30 a.m. PACIFIC (San Francisco) Time. [06-74408] (ec)

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12/6/07 Filed order CONFATT (RGA) A further pre-briefing conference will be held on 2/12/07 at 11:00 By telephone (Y/n): yes [06-74408] (wp)

1/22/08 Filed joint motion to remand and stay the briefing schd. (CONFATT) [06-74408] Served on 1/18/08 [06-74408] (wp)

1/29/08 Order filed CONFAT (Dep. Clk. RGA) The further assessment conference previously scheduled for 2/12/08, is cancelled. The parties' joint motion to remand this matter to the Board of Immigration Appeals is granted. Based on further agreement of the parties, and pursuant to Appendix A(52) of the General Orders, the Court orders that petitioner's removal is stayed pending a Board decision in this matter. The certified copy of this order sent to the agency shall constitute the mandate. REMANDED. (Procedurally Terminated Without Judicial Action; Remanded) [06-74408] (lin)

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PACER Service Center			
Transaction Receipt			
02/08/2008 11:02:01			
PACER Login:	lxz127	Client Code:	
Description:	akt report	Case Number:	06-74408
Billable Pages:	6	Cost:	0.48

Exhibit

E

Emergency KMC Nursing (Initial) Competency Assessment Form

This section is to be completed, if after assessment there is a change in Priority.

Assessment Completed (g. Date): _____ Time: _____ by _____ RN
Priority Change: No
 Yes, RED: _____ ORANGE: _____ GREEN: _____ WHITE: _____

Reasons for Change Date _____	By _____	RN _____
Priority Change	<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes,	RED _____	ORANGE _____
	GREEN _____	WHITE _____

PRINTED BY: CLEMENTS.

DATE 6/15/2007
Page 3 of 4

Emergency & MC Nursing Initial Continuing Assessment Form

PRINTED BY: CLEMENT

EMERGENCY Nursing Initial Continuity Assessment Form **200** DATE **6/14/2008** 4

Emergency KMC Nursing Initial Continuing Assessment Form

Date	Time	FLOWSHIFIT NOTES (Record pt events, tasks, procedures)
8/29/07	2317	s Entv to a 51 pt you ptase brought by just officer c' chug complaint by pain in the rectal area c' average heatd. no agreement done, awaiting r/r to ipat → 60
8/30/07	0010	s Dr. Pham to bedside, including p
0010	0010	> Reglan 10 mg IV x 1 given as ordered, no adverse effects noted → 60
0030	0030	> morphine 8 mg IV vi given as ordered, no adverse effects noted → 60
0130	0130	> urinary content w/ bedside → 60
0150	0150	s Dr. Pham to bedside → 60
0200	0200	is Discharge instructions given, refugees understanding, no last chance to just reenforced by officer in take admiss → 60

Staff Signatures/ Initials

CMO	cooper mba						

Referrals or Reporting

N/A Law Enforcement CPS/APS Mental Health
 Social Services Animal Control Public Health
 Clergy Infection Control Coroner Other

Primary Language:

English Spanish Other: _____

Interpreter Used:

Yes No

Name: _____

Condition on Discharge:

Stable

Unstable

Expired

Admission Date: _____

Time: _____

DN/A

Admit to: _____

Time report called/Faxed: _____

Discharge Date: 8/30/07 Time: 0210

DN/A

Aftercare Instructions: Verbalized understanding

AMA AWOL Home

With: Self Family Law Enforcement Other

Mode: Ambulatory W/C Ambulance Other

jan

Belongings List Completed:

Mode: W/C Gurney Ambulatory Other: _____

Transported by: RN LVN Other: _____

Transfer Date: _____ Time: _____

DN/A

Transfer to: _____

Transfer Forms Completed

Discharge By:

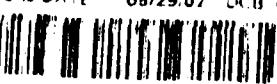
Cooper Pham mba

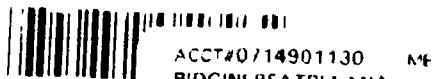
PRINTED BY: CLEMENT

DATE:

6/15/2007

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Patient Label		Kern Medical Center Emergency Department Triage/Medical Screening Record			
ACCT#0714901130 MEDREC# 0001178074 BIOCINI,BEATRIZ ANA CRD DATE 06/29/07 DCB 06/30/07 SX# 		Name <u>BIOCINI</u> Date <u>5/29/07</u> Check in Time <u>23:09</u> Page Time <u>23:09</u> Age <u>51</u> DOB <u>5/29/07</u> Gender <u>M</u> How Arrived: <input checked="" type="checkbox"/> Walk <input type="checkbox"/> Auto <input type="checkbox"/> Carried <input type="checkbox"/> WC Brought in By: <input type="checkbox"/> EMS <input type="checkbox"/> Police in Custody <input type="checkbox"/> Crime Victim <input type="checkbox"/> Juvenile Hall			
(Complete check boxes or circle appropriate response) May be completed by RN, LVN or MTT					
Chief Complaint: <u>Hemorrhoids (from stool) on observation</u> Rectal Prolapsoe Medications: <u>lactulose Colace</u>					
Vitals Signs: BP L/R 123/76 HR 85 RR 18 Temp 98 D2 Sat 98 RA w/02 2nd BP L/R / Comments		PMH: HTN, Asthma, Diabetes, Cardiac Pacemaker, COPD, Cancer (GI, GU) Renal, Seizures, Arthritis, Drag/ETOH byers, None, Unknown, Surgeon Other/Details			
Current pain level		Tool used: <input checked="" type="checkbox"/> 0-10 <input type="checkbox"/> Faces <input type="checkbox"/> 0-100 ACC			
Last Tetanus: <5 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> Communicable Disease Exposure		Immunization UTD: None Link <input type="checkbox"/> Chicken Pox <input type="checkbox"/> TB			
ALLERGIES: <u>NKA</u> If allergic explain symptoms		Allergic to Meds: Y N Hosp Products: Y N Food: Y N Latex: Y N			
Weight: <u>140lb</u> (Kg) Height: <u>5'5"</u>					
Pediatrics: Cry: Strong/Normal Whimpering: Meaning: High Pitched		Activity Level: Playful Fussy Quiet Fontanelle: Flat Bulging Sunken			
SKIN COLOR: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> PALE <input type="checkbox"/> CYANOTIC <input checked="" type="checkbox"/> JAUNDICED <input type="checkbox"/> RASH		SKIN TEMP: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> COOL <input type="checkbox"/> DIAPHORETIC		MENTAL STATUS: <input checked="" type="checkbox"/> Alert & oriented <input type="checkbox"/> Uncooperative <input type="checkbox"/> Confused <input type="checkbox"/> Lethargic <input type="checkbox"/> Agitated <input type="checkbox"/> Unconscious	SPEECH: <input checked="" type="checkbox"/> Coherent <input type="checkbox"/> Slurred <input type="checkbox"/> Incoherent <input type="checkbox"/> Non-verbal
COLLECTED BY: _____					<input type="checkbox"/> RN <input type="checkbox"/> LVN <input type="checkbox"/> MTT
COMPLETED BY RN					
Triage Category: <input type="checkbox"/> RED <input type="checkbox"/> ORANGE <input type="checkbox"/> GREEN <input type="checkbox"/> WHITE					
<small>Definitions: RED=Priority 1 (life threatening) ORANGE=Priority 2 (urgent) GREEN=Priority 3 (urgent), WHITE=Priority 4 (routine)</small>					
TRIAGE DISPOSITION: <input type="checkbox"/> MAIN ED <input type="checkbox"/> FAST TRACK <input type="checkbox"/> L & D		TRANSLATOR: _____			
TRIAGE RN: <u>LaPade M/S/07</u>					
COMMENTS: _____					
ADVANCED TRIAGE As per standardized procedure: <input type="checkbox"/> EKG <input type="checkbox"/> LABS <input type="checkbox"/> XRAY <input type="checkbox"/> MEDS <input type="checkbox"/> URINE <input type="checkbox"/> OTHER: _____					
MD FACULTY SIGNATURE: _____					



ACCT#0714901130 MEDREC#0001178074
BIOCINI BEATRIZ ANA
FNU DATE 06/29/07 DOB: 06/30/54 SEX: F

Patient Name

Jnt #

Date/Time:

5/29/07 07:23:30

Performed by

CANARY

Ordering Phys:

Bayer Healthcare LLC
Clinitest STATUS®

Patient:

URINE DIF

Code of Colic	Multi Test Rx® 10 SG	Normal
Test date	05-30-2007	Negative
Time	11:46AM	
Operator	96 U	Negative
Test number	0310	
Color	Yellow	
Clarity	Clear	Normal
CATH		Negative
Specimen Clai	GLU Negative	
	BIL Negative	10.0
	KET Negative	
	SG 1.015	10
CLEAR	BLD Trace-Intact	
	pH 8.5	11.0
	PRO Negative	
	URO U 2 E.U./dL	Negative
HAZY	NIT Negative	
	LEU Negative	Negative
TURBID		

HCG QUALITATIVE

POS NEG

RAPID STREP A

POS NEG*

*IF NEG. SEND 2ND SWAB FOR CULTURE AND INITIAL HERE

Initials _____

FECAL OCCULT BLOOD

POS NEG

INITIAL HERE INDICATING PERFORMANCE MONITORS OK

Initials _____

WHOLE BLOOD GLUCOSE

TIME

GLU

mmol/L (mg/dL) 0-120 (0-216) mg/dL (0-120 mmol/L)

HEMOGLOBIN

g/dL

Philip M. Dutt, M.D., Laboratory Director
1830 Flower Street, Bakersfield, CA 93305

PRINTED BY: ELEMENT

DATE: 6/29/2007
WHITE: CHART COPY
CANARY: LAB COPY

KERN MEDICAL FER
1500 5th Street, Bakersfield, CA 93305
Bakersfield, CA 93305

ACCT # 0714901 0
PATIENT BIUCINI, BEATRIZ ANA
ADM/T DATE 05/29/07

MEDREC# 000117807

cc: 06/30/54

EMERGENCY AFTERCARE INSTRUCTIONS

The examination and treatment which you received has been rendered on an emergency basis only and is not intended to be substituted for complete medical care. It is important that you follow up with your clinician or private physician and report any new or remaining complaints to him/her.

WOUND CARE:

- Keep wound covered until rechecked.
- If dressings get wet or dirty you should change them. Call your MD or the ER.
- Leave wound open to the air.
- You may wash the wound after ____ days. Return for wound recheck in ____ days.
- Sutures to be removed in ____ days.
- Limit movement of the affected part.
- Elevate the injured part higher than your heart, to decrease swelling and improve healing for ____ hours.
- Cool packs to the area to prevent swelling and pain for ____ hours.

DESPITE THE GREATEST CARE, ANY WOUND CAN BE INFECTED. RETURN IMMEDIATELY OR SEE YOUR DOCTOR IF SIGNS OF REDNESS, SWELLING, PUS, OR RED STREAKS OCCUR, OR IF THE WOUND FEELS MORE SORE INSTEAD OF LESS SORE AS THE DAYS GO BY.

HEAD INJURY:

REPORT TO YOUR DOCTOR OR RETURN HERE IMMEDIATELY IF ANY OF THE SIGNS LISTED BELOW OCCUR, EVEN IF SEVERAL WEEKS AFTER THE INJURY.

- Persistent vomiting, stiff neck or fever.
- Severe, persistent or worsening headache.
- Confusion or unusual drowsiness.
- Convulsions or unconsciousness.
- Pupils are unequal (one larger than the other).
- Stumbling or other problems with normal use of arms or legs or other areas of numbness.
- Blood or clear fluid from ears or nose.
- Clear liquid diet for the first 24 hours.
- Awake every ____ hours for the first 24 hours to make sure that patient is arousable and to check the above signs.

BACK AND NECK INJURIES:

- Read the included Back or Neck injury material.
- Return if severe pain down arms or legs or weakness or numbness of arms or legs develops.
- Bed rest as much as possible on a firm mattress until you are improved, or for ____ days.
- Avoid any lifting or positions that cause pain for at least ____ days.

ER RE-CHECK:

OTHER INSTRUCTIONS (INCLUDING PRESCRIPTIONS, DIAGNOSIS, AND X RAY): *1. Continue taking colace and lactulose. 2. Take dulcolax or durezol. 3. Follow up with general surgeon clinic.*

I have received as well as demonstrated my understanding of the discharge instructions given.

Patient Signature *Penney D. S. S. 5/28/07*

Exit Interviewer *Julia Ayren MPA*

Date and Time

Physician Signature: *J.P. Hart*

5/28/07 ~ 0240

K.P. Hart

Patient Education
1. Learning-readiness was assessed
Specify _____
2. Barriers to learning
Specify _____

PRINTED 3/21/2016

AN - MYFLESME FORMS 4/1/04, AFM 4/1/04

3/21/2016

KERN MEDICAL CENTER
1830 Flower Street
Bakersfield, CA 93305

ACCT # 0714901 0
PATIENT BUCINI, BEATRIZ ANA
ADMIT DATE 05/29/07

MEDREC# 0001178074

DOB 06/30/54

EMERGENCY MEDICINE RECORD
TEACHING PHYSICIAN ADDENDUM

HISTORY AND PHYSICAL

I have personally seen, evaluated and participated in this patient's services and find this patient's history and physical examination to be consistent with that documented by Dr. Pham.

Brief history is as follows:

52 yo. Negro f. c/o pain in her rectal area
especially after bowel movement, that becomes pro-lapse that
after 5 ab. is unable to reduce. Soaking again, has pro-lapse
On exam, I find as follows: unable to reduce, rectal prolapse, stool present, abdominal pain

CONSTITUTIONALS

ABNORMAL ABNORMAL

MEDICAL DECISION MAKING

I personally interpreted the EKGs, diagnostic x-rays and laboratory studies documented by the resident.

DIAGNOSTIC TESTS REVIEWED

LAB

X-RAY

EKG

OTHER

I personally supervised the following medical treatment documented by the resident

I personally participated in the decision making and was present for, and supervised the following procedures.

PROCEDURES:

CPR AND ACLS

LUMBAR PUNCTURE

EX or DISLOC REDUC

INTUBATION

CENTRAL LINE

SPLINT/CAST

CRITICAL CARE Mins

DPT

LACER REPAIR / WOUND CARE

CONSCIOUS SEDATION

ARTHRO/ PARA / THORACENTESIS

DIGITAL HEMATOMA BLOCK

CHEST TUBE

BURSA / JOINT / TRIG-POINT INJ

OTHER

Rectal prolapse reduced

I agree with and participated in determining the final impression, treatment and disposition documented by the resident. See resident's note for details. Patient Admitted Diagnosis Rectal prolapse

I revised the resident's diagnosis/prognosis(s) and/or care plan as follows:

Faculty Physician

John M. Pham

Dr. Arnold 47

Dr. Bapna 47

Dr. Pham 46

Dr. Sengar 46

KERN MEDICAL CENTER
2200 W. BAKERSFIELD, CALIFORNIA 93305
Bakersfield, CA 93305

ADT # 07149011)
PATIENT BIOCINI, BEATRIZ ANA MEDREC# 0001178074

DO NOT write this

U
IU
q8
QD, QOD, QID
AS, AD, AE
OS, PD, OU
TW or ttw
SS

What you should write

Unit
International unit
Microgram or mcg
Daily, every other day, four times daily
Left ear, right ear, both ears
Left eye, right eye, both eyes
Three times a week
Sliding scale

DO NOT write this

gtt
cc
L3
MgSO₄
MS, MSO₄
1.0 (zero after decimal)
1 (one zero before decimal)

What you should write

Drop or drip (IV infusions)
ml or mL
Tylenol with Codeine 30 mg
Magnesium sulfate
Morphine Sulfate
1 mg
0.1 mg

DATE AND TIME

5/30/07 Please give 1x Morphine 8mg IV RT

00:20 1x Rylean 10mg IV RT

5/30/07 Versed 3mg IV RT

01:30

Erin KP

PHIL HOBBS, R.N.

DATE 8/22/2007

PHYSICIAN'S ORDER FORM

Exhibit

F

KERN MEDICAL CENTER
1830 FLOWER ST.
BAKERSFIELD, CA. 93305

Owned & Operated by County of Kern

CLINIC RECORD NOTES

PATIENT ID NO.	DATE ARRIVED	TIME	ARR-VA MODE	PAT/IN TYPE	BIRTH-DATE	AGE
0720700277	07/26/07	12:30	SHERIFF KERN CTY	SUR	06/30/54	53 Y GS F
PATIENT NAME	STREET ADDRESS			CTY	STATE	ZIP
BIOCINI, BEATRIZ ANA	17835 INDUSTRIAL FARM RD			BAKERSFIELD	CA	000003
PHONE	SOC SEC NO.		000-00-0001	MARITAL STATUS	FINANCIAL CLASS	
(600)391-7913					J COUNTY CORRECTIONAL	
INS NO.	POL. NO.				ADL NO.	
BOOKING 1709304					BIZNESS	
IN EMERGENCY NOTIFY	None at this time					
MANAGED CARE HMO	AUTHORIZED	TIME	CHACK CATEGORY	WALK-IN	IMMUNIZATION	DATE
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No			NOT UP TO DATE
CHIEF COMPLAINT/PROBLEM		PRIMARY CARE PHYSICIAN			ALLEGIES	
ROUTINE SURG CLN HED 1230P					NKA	

PAIN	Acute	Location	WEIGHT	TEMP	PULSE	RESPIRATION	BLOOD PRESSURE	TIME	NURSE
	Chronic	Duration	141	97.1	86	18	116/79	1:05	<i>Plato</i>
		Characteristic (stabbing, dull)							
Pain	Level:	5							

Are you having any problems with your activities of daily living? Yes Problems ambulating? Yes

Safe in the home? Yes No Harmed/Threatened Yes No If yes current or past

Reported To: C. Stiles By: Beatriz Ana Bicini

*CB and 53 y/o f/c a rectal bleeding + rectal prolapse + pain
10/10 spcr w/ 1 yr. needs to use stool softeners or fl. enemas: CTAB
heart: RRR, NQ
abdomen: P/B, soft, ND
allergies: f/ red: metoclopramide, colace, milk of magnesia
PMH: f/*

*smoking: f/ Etch: f/ Exa: rectal prolapse 874458 she has
stress incontinence rectal prolapse to*

ASSESSMENT:

DIAGNOSIS

ICD-9CM:

1. Rectal prolapse
2. Vaginal prolapse
3. Stress incontinence
- 4.

(to be taken) prior to pre op eval

PLANS/ORDERS:

1. Return 8/20/07
2. SAB for prolapse repair
- 3.
- 4.
- 5.

*rectal 7/26/07 1415 pm
return 8/20/07
1415 pm*

DOCTOR SIGNATURE

Dr. Taylor

FACULTY REVIEW

PRINTED BY: 101116

DISPOSITION OTHER THAN HOME

PAGE 1 ONLY ATTACH AFTER CARE INSTRUCTIONS

DATE: 8/22/2007
MEDICAL RECORDS

486

ATTENDING NOTE:

HX:

PE:

LAB/XRAY:

IMPRESSION:

PLAN:

SIGNATURE

PATIENT: BIOCINI BEATRIZ ANA

ACCT # 0720700277

MEDREC# 0001178074

ADMIT DATE: 07/26/07 ADMIT TIME: 12:30

*US. data collector
PT as per
R. C. 2007*

ATTENDING NOTE/ATTESTATION:

I have examined and evaluated the patient. I have reviewed the resident's note and agree with the plan of care. I have discussed this with the resident.

I have examined and evaluated the patient. I have reviewed the resident's note and agree with the plan of care except as noted below. I have discussed this with the resident.

PRINTED BY: 101116

DATE: 07/27/2007

1/15
Anita
Pinsky
OK

7.27.07

Cg/

7.27.07 ✓

KERN MEDICAL CENTER
Owned & Operated by County of KernCL J720700277 MEDREC 0001178074
BIOCINI, BEATRIZ ANA
SUR DATE: 07/26/07 DOB: 08/30/64 SEX: F

KERN MEDICAL CENTER Case Management Department

7.27.07

SURGERY AUTHORIZATION REQUEST

Emergent - Approval needed within three (3) days
 Urgent - Approval needed within ten (10) days
 Elective

Diagnosis: Rectal polypMedical Justification: Recent incision
Bowel resection (LAR vs TAR)Planned Procedure: Bowel resection (low anterior resection, sigmoid andOutpatient Inpatient Expected Length of Stay: 4 Days

Booking # 1709304

Resident: HarrisDate: 7/26/07

Chief/Senior Resident:

Team: RedStaff: Cosmati

Service: _____

Case Management Department Response

Date: 7.27.07 OK to Schedule Approved by: MCal GK GN CCS Other _____

Outpatient Inpatient (LOS _____) Auth Expires: _____

 Deferred/Denied - Reason: _____ TAR Not Needed Medi-Cal Restricted - Will Not Cover Elective Procedures. Requires Administration Approval.



KLRN MEDICAL CENTER

Owned and Operated by the County of Kern
Bakersfield, CA 93305

CT#072070027

MEDREC 0001178074

BIOCINI, BEATRIZ ANA

SUB DATE: 07/26/07 DOB: 06/30/54 SHX#

OUTPATIENT AFTERCARE INSTRUCTIONS

It is important that you follow-up as directed and please report to your doctor if symptoms persist or worsen. When clinic is closed, please seek emergency care. Please bring all medications with you to every clinic visit. Medical on refills. Please call at least 7 days before running out.

1) CLEAR LIQUID DIET

- End the problem for which you are using this diet stops,
- EAT ONLY:**
 - Clear Soups
 - Pedialyte, Tylenol
 - **DO NOT DILUTE PEDIALYTE**
 - Soft diet-after liquid diet for 6 hours. No raw vegetables or fruits

□ VOMITING

- Clear liquid diet (see above) but in frequent small amounts only
- Watch for signs of dehydration (see below)
- Call your doctor if you notice blood in the vomitus

□ DIARRHEA

- Clear liquid diet (see above)
- If not vomiting and keeps clear liquids down you may try fresh ripe bananas that have been mashed. Also dried toast may be tried
- Call the MD if you see blood in the diarrhea
- Watch for signs of dehydration (see below)
- Return to Clinic sooner or go to ER call us if
 - Fever or not better in 3 days
 - Chest pains

□ WOUND CARE

- Keep wound covered until rechecked
- If dressings get wet or dirty you should change them call your MD or the ER
- Leave wound open to the air
- You may wash the wound after days
- Return for wound check in days
- Sutures to be removed in days
- Limit movement of the affected part
- Elevate the injured part higher than your heart, to decrease swelling and improve healing for hours
- Cool packs to the area to prevent swelling and pain for hours

DESPITE THE GREATEST CARE, ANY WOUND CAN BE INFECTED. RETURN IMMEDIATELY OR SEE YOUR DOCTOR IF SIGNS OF REDNESS, SWELLING, PUS OR RED STREAKS OCCUR, OR IF THE WOUND FEELS MORE SORE INSTEAD OF LESS SORE AS THE DAYS GO BY.

Tests Ordered:

*SAP Submitted
for approval*

Patient Education

 Learning needs/abilities assessedSpecify: *same* Barriers to learning

Specify

Follow up/Additional Instructions:

Patient to be seen for surgery mon Aug 20, 07/100

I have received as well as demonstrated my understanding of the discharge instructions given:

Patient Signature: *Mr. Thomas*Exit Interviewer Signature: *Mr. Thomas*

DATE:

07/27/2007

TIME:

10:56

Division of Immigration Health Services

Treatment, Authorization & Consultation Form

SEND PAPER CLAIMS TO:

Division of Immigration Health Services
VA Financial Services Center
PO Box 149345
Austin, TX 78714-9345

For EDI claim submission information and claim inquiries, please contact 1.800.479.0523

Claims must be submitted within six months from date of health service.

For proper provider claim submission information, please visit: www.icehealth.org/ProviderInfo.htm

A separate treatment authorization request will be required for services beyond and outside the scope of the original authorization. Services rendered may not be paid without an approved authorization. All payment for services is subject to detainees' eligibility and custody. Unless otherwise specified, payment for DIHS' authorized health services is made in accordance with US Code Title 18, Part 3, Chapter 301, Sec. 4006. For all non-emergency authorized health services this TAR is valid for 45 days after the date of issue and cannot be used for health services rendered prior to the date of issue. All claims are subject to retrospective review. For further information regarding DIHS, please visit our website: www.icehealth.org or contact the Immigration Health Services' Managed Care Branch at 1.888.718.8947, M-F 8AM - 6PM EST.

Please ensure all claims include the Patient Identification Information and the Authorization number.

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:

Name: ANA BEATRIZ BIOCINI	Alias:
DOB: 06/30/1954	A #: 091182333
Nationality: COLOMBIA	Facility: Kern Co Jail, CA

AUTHORIZED ACTION:

Status: Denied Auth #: 200707279367 00 Authorizer: Neal Collins
Service Type: Non-Emergency
Referral Type: 21

To: (Name and Phone to whom referral is being made)

Dialogue of Request:

Clinical information submitted to the DIHS Staff MD.

Based upon the information submitted, the request for elective surgical rectal and vaginal prolapse repair is denied.

Updated by Claudia Mazur, RN, CCM on Tuesday, July 31, 2007

Exhibit

G

KERN M. CAL CENTER
Owned & Operated by County of Kern
BAKERSFIELD, CA. 93305

STAR ACCOUNT NO. 0724200863	DATE ARRIVED 08/30/07	TIME 13:05	ARRIVAL MODE	PATIENT TYPE OPJ	MEDICAL RECORD NO. 0001178074
PATIENT NAME BIOCINI, BEATRIZ ANA		BIRTHDATE 08/30/54		AGE 53Y	SEX F
STREET 17635 INDUSTRIAL FARM RD		CITY BAKERSFIELD		STATE CA	ZIP 00003
PHONE (1000)391-7913		SOC. SEC. NO 000-00-0001		MARITAL STATUS	
INS. NO. BK#1709304		POL. NO.		FINANCIAL CLASS J COUNTY CORRECTIONAL	
EMERGENCY NONE AT THIS TIME		HOME PHONE		BUSINESS PHONE	
MANAGED CARE/HMO <input type="checkbox"/> Yes <input type="checkbox"/> No	AUTHORIZED: <input type="checkbox"/> Yes <input type="checkbox"/> No	TIME	TRIAGE CATEGORY <input type="checkbox"/> WALK-IN <input type="checkbox"/> APPOINTMENT	IMMUNIZATIONS <input type="checkbox"/> UP TO DATE <input type="checkbox"/> NOT UP TO DATE	LANGUAGE: ENGLISH

CHIEF COMPLAINT/PROBLEM

PRIMARY CARE PHYSICIAN

ALLERGIES

WI/RGYN/LOPEZ

Acute <input type="checkbox"/>	Location Lower abdomen
Chronic <input type="checkbox"/>	Duration 1 week
Characteristics (including, but not limited to):	
Pain	
Level:	

Seo Gyn Dept 1/10 Status

Are you having any problems with your activities of daily living?

TIME SEEN:

Are you having any problems ambulating?

CC done at 1:10 pm 8/30/07

**Chaperoned Dr. Lopez with exam
R-Along misdiagnose**

DISABILITY

ICD-9CM

FINAL DIAGNOSIS

FAXED

DOCTOR SIGNATURE

DISPOSITION OTHER THAN HOME

PAGE 1 ONLY ATTACH AFTER CARE INSTRUCTIONS

FACULTY REVIEW

MEDICAL RECORDS

ACCT. #24200853 MEDREC 0001178074
 BIOCINI, BEATRIZ ANA
 OPJ DATE: 08/30/07 DOB: 08/30/54 SEXF

KERN MEDICAL CENTER
 Owned & Operated by County of Kern

62440

Case Management Department

SURGERY AUTHORIZATION REQUEST

Emergent - Approval needed within three (3) days
 Urgent - Approval needed within ten (10) days
 Elective

CO - DEPT
 OB/GYN & General
 Surgery

Diagnosis: PROLACTIN / RETRO PROSTATE

Medical Justification: PROLACTINOPED UTERUS / RETRO

Planned Procedure: T VH vs. UTERINE suspensions And

Outpatient Inpatient Expected Length of Stay: 3 Days

Resident: T-HANG 307-2447 Date: 8/30/07
 Chief/Senior Resident: " " Team: OB
 Staff: DR. LOPES Service: 946

Case Management Department Response Date: _____

OK to Schedule

Approved by: MCal GK GN CCS Other _____

Outpatient Inpatient (LOS _____) Auth Expires: _____

Deferred/Denied - Reason: _____

TAR Not Needed

Medi-Cal Restricted - Will Not Cover Elective Procedures. Requires
 Administration Approval.



FAXED
08/30/07

KERN MEDICAL CENTER
1830 FLOWER STREET
BAKERSFIELD, CA. 93306
(651)326-2000

Owned & Operated by
County of Kern

STAR ACCOUNT NO. 0724200853	DATE ARRIVED 08/30/07	TIME 13:05	ARRIVAL MODE	PATIENT TYPE OPJ	MEDICAL RECORD NO. 0001178074
NAME: BIOCINI, BEATRIZ ANA				PRIMARY INSURANCE 908000	
	BIRTHDATE 08/30/54	AGE 53Y	SEX F		

GYN CLINIC

New Patient

Established Patient

Date: 8/30/07 BP: 100/60 Pulse: 96 Resp.: 17 Temp: 97.8 Weight: 142 Initial: RE

Marital Status: S M W D SP

Referred By: _____

Menarche: _____ G 4 P 1 A 3 L 1 LMP: 4 months

Last Pap Test: 3/26/07 Normal Abnormal BCP Method: _____ Past: _____

Mammogram: Normal Abnormal _____

Allergies: Yes No If yes, list: _____

Medications: None

I. C.C. Hx of present illness: 57 yrs referred for uterine prolapse by general surgeon (Nicole Thomas) during their workup for her rectal prolapse. Pt states she has this problem for 2 yrs Pt currently in Mexico due to immigration problems.	Lab results FAX	Attending HPI
II. Past Medical, Surgical History: Liposuction Uterine prolapse	V. System Review <u>Gyn Hx:</u> - G 4 P 1 - Rectal prolapse - Cervix. - NBD + i - ? Birthmarks - ENDS or FDP 10	- = negative + = positive
III. Family History: 6	1. Constitutional 2. Eyes 3. ENT 4. Cardiovascular 5. Respiratory 6. Gastrointestinal 7. Genitourinary 8. Musculoskeletal 9. Integumentary 10. Neurological 11. Psychiatric 12. Endocrine 13. Hematologic 14. Allergic	- - - - - + + - - - - - - - - -
IV. Social History: OPT/EL/IVAT	VI. Residents Past Medical Hx, Family Hx, Social Hx and ROS reviewed by attending physician: <input type="checkbox"/> Yes	FAXED 08/30/07

ACCT # 0724200883
PATIENT BIOCINI, BEATRIZ ANAMEDREC# 0001178074
DOB:06/30/54

VII. Physical Exam

Attending present and concur with Resident findings
 Other: please fill the box below

Attending Physician findings

Resident Findings

	N	A		N	A
1. Appearance					
2. Skin					
3. HEENT					
4. Thyroid					
5. Lymph nodes					
6. Heart					
7. Lung					
8. Breasts					
9. Axillary nodes					
10. Superclav nodes					
11. Abdomen	✓		OB5 soft, attro		
12. M. Skeletal					
13. Extremities					
14. Neurological					

VIII. Gynecological Exam

Attending present and concur with Resident findings
 Other: please fill the box below

	N	A		N	A
15. External Genitalia	✓				
16. Urethra	✓				
17. Bladder	✓		cystocele IV		
18. Vulva/vagina	✓				
19. Cervix	✓		prolapse		
20. Uterus	✓		uterine prolapse exocervix		
21. Adnexa	✓				
22. Anus/Perineum	✓		rectal prolapse		

N = Normal A = Abnormal

IX. Diagnosis, Assessment	X. Investigations	Diagnosis Assessment
<input checked="" type="checkbox"/> uterine prolapse (rectocele, vault) <input checked="" type="checkbox"/> rectal prolapse	<input type="checkbox"/> Pap <input type="checkbox"/> Mammogram <input type="checkbox"/> Ultrasound <input type="checkbox"/> Others	 08/30/08
XI. Treatment, Plan	Treatment, Plan	
<input checked="" type="checkbox"/> 1) uterine suspension w/ TVT, A & P, possible TOT <input checked="" type="checkbox"/> 2) Perineal rectocele		
Resident Signature	Attending Physician Signature	
 8053 Faculty Review		

Division of Immigration Health Services

Treatment, Authorization & Consultation Form

SEND PAPER CLAIMS TO:

Division of Immigration Health Services
 VA Financial Services Center
 PO Box 149345
 Austin, TX 78714-9345

For EDI claim submission information and claim inquiries, please contact 1.800.479.0523

Claims must be submitted within six months from date of health service.

For proper provider claim submission information, please visit: www.icehealth.org/ProviderInfo.htm

A separate treatment authorization request will be required for services beyond and outside the scope of the original authorization. Services rendered may not be paid without an approved authorization. All payment for services is subject to detainees' eligibility and custody. Unless otherwise specified, payment for DIHS' authorized health services is made in accordance with US Code Title 18, Part 3, Chapter 301, Sec. 4006. For all non-emergency authorized health services this TAR is valid for 45 days after the date of issue and cannot be used for health services rendered prior to the date of issue. All claims are subject to retrospective review. For further information regarding DIHS, please visit our website: www.icehealth.org or contact the Immigration Health Services' Managed Care Branch at 1.888.718.8947, M-F 8AM - 6PM EST.

Please ensure all claims include the Patient Identification Information and the Authorization number.

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
Name: ANA BEATRIZ BIOCINI	Alias:
DOB: 06/30/1954	A #: 091182333
Nationality: COLOMBIA	Facility: Kern Co Jail, CA

AUTHORIZED ACTION:

Status: Denied Auth #: 200709146544 00 Authorizer: Neal Collins
 Service Type: Non-Emergency
 Referral Type: 99

To: (Name and Phone to whom referral is being made)

Dialogue of Request:

TAR request is denied per consult with DIHS staff physician
 Updated by Gia Lawrence on Tuesday, September 18, 2007

F/U GYN 10/02/07 to discuss performing uterine suspension & perineal rectopexy
 to correct prolapsed uterus/rectum MD progress notes faxed.
 Thank you!

 This event's case was created by TARweb and should be verified for data correctness.

Exhibit

H

10/24/07

KERN MEDICAL CENTER
CORRECTIONAL MEDICINE DEPARTMENT

Facilities: Central Receiving Pretrial MinimumInmate's Name BLOCHE Angie BeaileyBooking Number 1709304 Location B416Starting Date 10/24/07 Ending Date DurationCheck all that apply: Provide change of towels daily until _____ Change personal clothing and bed linen daily until _____ May use crutches/walker/wheelchair due to medical problem _____ Lower bunk due to medical problem _____ Lower bunk, lower tier _____ Non wool blanket due to skin allergies/wool allergies _____ Thermals due to medical problem _____ White canvas shoes due to diabetes Foot deformities May have own prescription glasses from home _____ Double mattress due to: _____ Provide bed location: away from cooler or vents _____ No shackles on (which extremity) Legs due to medical problem _____ Seizures _____ Other: _____

Comments: _____

By: Wostef JKW Date: 10/24/07

Shift Supervisor: _____ Date: _____

01/27/04

DCI JH #441
 10/24/07
 C1550